

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15047

State File No.

S. No. 300
V. 10.48

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>926</u>		PRIMARY REG. DIST. NO. <u>5799</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MONROE</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MARION TWP</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLIDAY</u>		<u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 4, MADISON</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>LOLA</u>	b. (Middle) <u>BEAN</u>	c. (Last) <u>ENSOR</u>	(Month) <u>MAY</u>	(Day) <u>7</u>	(Year) <u>1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 25, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE BEAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH TISBLE</u>		14. NAME OF HUSBAND OR WIFE <u>LOGAN ENSOR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CLARK HARRISON, MADISON, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart</u>				<u>2 yrs</u>	
		ANTECEDENT CAUSES (b) <u>Depression after stroke</u>				<u>2 yrs</u>	
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>41201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>APR 12, 1952</u> to <u>MAY 7, 1953</u> , that I last saw the deceased alive on <u>MAY 6, 1953</u> , and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edna M. Robertson M.D.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>5-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLIDAY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>Edna Robertson 4713</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3690
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.